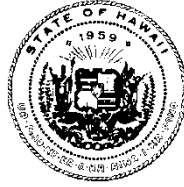


DAVID Y. IGE
GOVERNOR



HAKIM OUANSAFI
EXECUTIVE DIRECTOR

BARBARA E. ARASHIRO
EXECUTIVE ASSISTANT

STATE OF HAWAII
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

IN REPLY PLEASE REFER TO:

SECTION 8 APPLICATION ADDRESS CHANGE FORM

If you have a change in address phone number, please report that to the HPHA immediately by completing the form below.

Head of Household Last name, First name: _____

Last 4-digit Social Security Number: _____. (Do not write your full social security number.)

I am reporting the followings changes to my Section 8 Application:

New Mailing Address: _____
Street or P.O. Box

City State Zip Code

New Phone Number: _____ Additional Number: _____

Print Name of Person reporting change: _____

Head of Household Signature: _____ Date: _____
(Required)

Submit the completed form to: Hawaii Public Housing Authority
1002 N. School Street, Building H
Honolulu, HI 96817
or fax it to (808) 832-3461

If you have any questions, please feel free to contact our office at (808) 832-6404.

For Official HPHA Use Only:
Name of Person who input in Elite:
Date Entered in Elite:
Notes: